

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWATE STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST NAME (Last)	(First)	(Middle)	TELEPHONE	
Markle	Joanna	J.H.	808-547-5600	
MAILING ADDRESS (Street)			FAX	
1099 Alakea Street, Suite 1800			808-547-5880	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Goodsill Anderson Quinn & Stifel			808-547-5600	
MAILING ADDRESS (Street)			FAX	
Same as above.				
(City)	(State)		(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 630-623-3063	
McDonald's Corporation			
MAILING ADDRESS (Street)	FAX		
One Kroc Drive		630-623-6057	
(City)	(State)	(Zip Code)	
Oak Brook	IL	60525	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Patrick Theisen		630-623-3063	
MAILING ADDRESS (Street)		FAX	
One Kroc Drive		630-623-6057	
(City)	(State)	(Zip Code)	
Oak Brook	IL	60525	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	✓ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	I OF LOPPYIET				
PART IV CERTIFICATION		re is, to the best of my knowled	Ige_correct and complete		
i nereby certify that the			go, correct and complete.		
	unu >11. 11	W	1/11/01		
	(Signature of Lobbyist)	-	(Date)		
<i>U</i>					
PART V AUTHORIZATIO	N TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Patrick Theisen	Director - Government Affairs				
NAME OF ORGANIZATION (if ap	nlicable)		TELEPHONE		
	phonone,		630-623-3063		
McDonald's Corporation			550 020 0000		
MAILING ADDRESS (Street)		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FAX		
One Kroc Drive			630-623-3057		
(City)	(State)	<u></u>	(Zip Code)		
Oak Brook	IL		60525		
I hereby authorize the	above - named person to er	ngage in lobbying activities on	behalf of the undersigned.		
1/2/1					
Signature of Aut	thorizing Officer or Person Repres	sented)	(Date)		
(organizatio of Ma					